



2020 FARMERS MARKET OF BLUFFTON

January 9, 2020 – December 17, 2020

VALUE-ADDED FOOD VENDOR APPLICATION

(food that has been altered from its raw or original state)

Name of Business: _____

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____ Website: _____

Business Address (if different): _____

Months during which you plan to sell at the market: _____

Forms of payment you will accept: Cash _____ Credit/Debit _____ Check _____

DHEC Certification: _____ SC Dept. of Agriculture Certification: _____

Kitchen Location: _____

City: _____ State: _____ Zip: _____

Kitchen Owner: _____ Phone: _____

I understand and certify that 100% of the products that I offer for sale at the Farmers Market of Bluffton (FMB) will be produced by me, my family, and/or my employees for direct sale to the public. I further certify that all such products are produced in accordance with all laws and regulations of Beaufort County and the State of South Carolina governing food production and distribution.

Please list ALL of the food items that you wish to sell and indicate if they are for consumption on-site or packaged to be consumed off-site. Future additional items must be approved before selling. List all required cooking devices and power requirements.

Please include a written description your business including history, store location, services, size, background, etc., to be used in our vendor profiles. This description can be emailed to manager@farmersmarketbluffton.org. Include logos and/or photos if available.

Upon approval of this application, a copy of each of the following documents will be required before participation as a vendor in the FMB:

- Bluffton Business License (www.townofbluffton.gov)
- General Liability Insurance
- DHEC/SC Department of Agriculture Certification

I have read and agree to comply with the Farmers Market of Bluffton's Rules & Regulations and the SCDHEC Farmers Market Guidelines. I understand FMB's violations and sanctions, including grounds for suspension and disqualification. I understand that this is not a contract for entry into the Market and that the Board of Directors must approve my application before I can participate in the Market.

Signature: _____ Date: _____

**Please forward completed application to:
Farmers Market of Bluffton
Attn: Kim Viljac, Executive Director/Market Manager
PO Box 447, Bluffton, SC 29910
manager@farmersmarketbluffton.org 843.415.2447 (843.304.3041 text)**